

United States District Court

Southern District of Texas

FILED

NOV 23 2018

Fill in this information to identify your case and this filing:

Debtor 1 April Cherie Clark

Debtor 2 _____

(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Texas

Case number _____

David J. Bradley, Clerk of Court Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- No. Go to Part 2.
 Yes. Where is the property?

1.1. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1

April cherrie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

1.3. Street address, if available, or other description

_____**What is the property? Check all that apply.**

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____

\$ _____

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1. Make: Mercedes Benz**Who has an interest in the property? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?\$ 3500\$ 3500

If you own or have more than one, describe here:

3.2. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____

\$ _____

Model: _____

Year: _____

Approximate mileage: _____

Other information: Needs Repairs**Check if this is community property (see instructions)**

Debtor 1

April cherrie Clark

First Name _____

Middle Name _____

Last Name _____

Case number (if known) _____

3.3. Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Approximate mileage: _____

 Debtor 1 and Debtor 2 only

Other information:

 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Approximate mileage: _____

 Debtor 1 and Debtor 2 only

Other information:

 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

4.1. Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Other information:

 Debtor 1 and Debtor 2 only At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Other information:

 Debtor 1 and Debtor 2 only At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 3500

Debtor 1

April cherrie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....

*Q Bed night stand dresser, Mattress, coffee table
Couch end table, Dining Table, Dishes, Pots Pan*

\$ 3,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

Cell phones and Laptop

\$ 1000.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

\$ _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....

\$ _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

*every day clothes, work clothes, coats, shoes,
accessories*

\$ 1,250.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

\$ 0

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

\$ 0

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.

*Toiletries, cleaning supplies, First aid, Alcohol
peroxide etc.*

\$ 100.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 5350.00

Debtor 1

April cherrie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition
 No
 Yes
Cash: \$.79**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.
 No
 Yes

Institution name:

17.1. Checking account:

Bank of America \$ 0.00

17.2. Checking account:

N/A \$ 0.

17.3. Savings account:

N/A \$ 0.

17.4. Savings account:

N/A \$ 0.

17.5. Certificates of deposit:

N/A \$ 0.

17.6. Other financial account:

N/A \$ 0.

17.7. Other financial account:

N/A \$ 0.

17.8. Other financial account:

N/A \$ 0.

17.9. Other financial account:

N/A \$ 0.**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts
 No
 Yes

Institution or issuer name:

\$ 0.

\$ 0.

\$ 0.
19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture
 No
 Yes. Give specific information about them.....

Name of entity:

_____	% of ownership: 0% %	\$ <u>0.</u>
_____	0% %	\$ <u>0.</u>
_____	0% %	\$ <u>0.</u>

Debtor 1

April cherrie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

\$ 0.
\$ 0.
\$ 0.

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____

\$ 0.

Pension plan: _____

\$ 0.

IRA: _____

\$ 0.

Retirement account: _____

\$ 0.

Keogh: _____

\$ 0.

Additional account: _____

\$ 0.

Additional account: _____

\$ 0.

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Institution name or individual:

Electric: _____

\$ 0.

Gas: _____

\$ 0.

Heating oil: _____

\$ 0.

Security deposit on rental unit: _____

\$ 0.

Prepaid rent: _____

\$ 0.

Telephone: _____

\$ 0.

Water: _____

\$ 0.

Rented furniture: _____

\$ 0.

Other: _____

\$ 0.

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes

Issuer name and description:

\$ 0.
\$ 0.
\$ 0.

Debtor 1

April cherrie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ <u>0</u>
_____	\$ <u>0</u>
_____	\$ <u>0</u>

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them....

_____	\$ <u>0</u>
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26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____	\$ <u>0</u>
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27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

_____	\$ <u>0</u>
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Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

<i>N/A</i>

Federal: \$ 0
 State: \$ 0
 Local: \$ 0

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

<i>N/A</i>

Alimony: \$ 0
 Maintenance: \$ 0
 Support: \$ 0
 Divorce settlement: \$ 0
 Property settlement: \$ 0

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

_____	\$ <u>0</u>
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Debtor 1

April cherrie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company
of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ 0\$ 0\$ 0**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....\$ 0**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.\$ 0**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.\$ 0**35. Any financial assets you did not already list** No Yes. Give specific information.....\$ 0**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here** →\$,79**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.....\$ 0**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.....\$ 0

Debtor 1

April cherrie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe.....

	\$ _____
--	----------

41. Inventory No Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures No Yes. Describe..... Name of entity:

	% _____	\$ _____
	% _____	\$ _____
	% _____	\$ _____

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list No Yes. Give specific information

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

	\$ _____
--	----------

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.
 Yes. Go to line 47.

	Current value of the portion you own? Do not deduct secured claims or exemptions.
--	---

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
--	----------

Debtor 1



First Name

Middle Name

Last Name

Case number (if known) _____

48. Crops—either growing or harvested No Yes. Give specific information.....

	\$ _____
--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes.....

	\$ _____
--	----------

50. Farm and fishing supplies, chemicals, and feed No Yes.....

	\$ _____
--	----------

51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.....

	\$ _____
--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

	\$ _____
--	----------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

	\$ 0 \$ 0 \$ 0
--	-------------------------------------

54. Add the dollar value of all of your entries from Part 7. Write that number here →

	\$ - 0
--	--------

Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2** → \$ 0**56. Part 2: Total vehicles, line 5** \$ 3580**57. Part 3: Total personal and household items, line 15** \$ 5350**58. Part 4: Total financial assets, line 36** \$, 79**59. Part 5: Total business-related property, line 45** \$ - 0**60. Part 6: Total farm- and fishing-related property, line 52** \$ 0**61. Part 7: Total other property not listed, line 54** + \$ 0**62. Total personal property. Add lines 56 through 61.** \$ 5350.79 → + \$ 5350.77**63. Total of all property on Schedule A/B. Add line 55 + line 62.** \$ 8850.79

Fill in this information to identify your case:

Debtor 1	<u>April</u>	<u>Cherie</u>	<u>Dale</u>
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of _____		
Case number (If known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: <i>2008 Mercedes Benz</i>	Line from Schedule A/B: <i>5</i>	Copy the value from Schedule A/B: <i>\$ 3500</i>	<i>Check only one box for each exemption.</i> <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____
Brief description: <i>Personal & Household</i>	Line from Schedule A/B: <i>15</i>	<i>\$ 5350</i>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____
Brief description: <i>Total Financial Assets</i>	Line from Schedule A/B: <i>36</i>	<i>\$ 79</i>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit _____

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

- No
 Yes

Fill in this information to identify your case:

Debtor 1	<u>April cherrie Clark</u>		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>TEXAS</u>	
Case number (If known) _____			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
	P.O. Box 6781	2008 Mercedes Benz C300	\$ 9000	\$ 3500	\$ 5500
	BURBANK, CA 91510				
	Number Street City State ZIP Code				
	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Nature of lien. Check all that apply.				
	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
	Who owes the debt? Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
	Date debt was incurred <u>05/14</u>				
	Last 4 digits of account number <u>5300</u>				

2.2	Describe the property that secures the claim:		\$ _____	\$ _____	\$ _____
	Creditor's Name				
	Number Street				
	City State ZIP Code				
	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Nature of lien. Check all that apply.				
	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
	Who owes the debt? Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
	Date debt was incurred _____				
	Last 4 digits of account number <u>9000</u>				
	Add the dollar value of your entries in Column A on this page. Write that number here. <u>\$ 9000</u>				

Fill in this information to identify your case:

Debtor 1 April Chemie Clark

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing) First Name

Middle Name

Last Name

United States Bankruptcy Court for the: south District of Texas

Case number
(if known)

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name

Last 4 digits of account number

\$ _____ \$ _____ \$ _____

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

2.2

Priority Creditor's Name

Last 4 digits of account number

\$ _____ \$ _____ \$ _____

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Debtor 1

April cherrie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Logix Fed CR Union
 Nonpriority Creditor's Name
P.O. Box 6759
 Number Street
Burbank, CA 91510
 City State ZIP Code

Last 4 digits of account number

5300
05/2014Total claim
\$ 1000.

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card

4.2 Bank of America
 Nonpriority Creditor's Name
P.O. Box 982238
 Number Street
EL PASO, TX 79998
 City State ZIP Code

Last 4 digits of account number

4812
07/2014\$ 7214

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit card

4.3 State Farm Fed CR Union
 Nonpriority Creditor's Name
P.O. Box 853944
 Number Street
Richardson TX 75085
 City State ZIP Code

Last 4 digits of account number

1985
07/2014\$ 17,758

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify loan

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?
 No
 Yes

Debtor 1

April cherrie Clark

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.1 State Farm Bank F.S.B Last 4 digits of account number 7154 \$ 25,000
 Nonpriority Creditor's Name P.O. Box 2328
 Number Street
 City Bloomington State IL ZIP Code 61702

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? 08/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Loan

4.5 Statefarm Bank F.S.B Last 4 digits of account number 8445 \$ 5233
 Nonpriority Creditor's Name P.O. Box 2313
 Number Street
 City Bloomington State IL ZIP Code 61702

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? 08/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.6 Edward Jones Credit Card Last 4 digits of account number \$ 300,000
 Nonpriority Creditor's Name Telion Financial
 P.O. Box 108
 Number Street
 City St Louis State MO ZIP Code 63166

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? 05/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Debtor 1 Part 2	First Name <u>April chemie Clark</u> Middle Name <u></u> Last Name <u></u>	Case number (if known) _____
NON-PRIORITY Your PRIORITY Unsecured Claims – Continuation Page		
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		
4.7	Priority Creditor's Name <u>Comenity Bank/NWYRKPCD</u> Number <u></u> Street <u>P.O. Box 182789</u>	Total claim <u>7966</u> \$ <u>1500</u> Priority amount <u>0</u> Nonpriority amount <u>1500</u> Last 4 digits of account number <u>0007</u>
When was the debt incurred? <u>09/2014</u>		
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed NON Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>credit card</u>		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.8	Priority Creditor's Name <u>Macy's</u> Number <u></u> Street <u>P.O. Box 8218</u>	Last 4 digits of account number <u>1559</u> \$ <u>1500</u> \$ <u>0</u> \$ <u>120</u>
When was the debt incurred? <u>03/2016</u>		
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed NON Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>credit Card</u>		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.9	Priority Creditor's Name <u>Target Credit</u> Number <u></u> Street <u>P.O. Box 673</u>	Last 4 digits of account number <u>8849</u> \$ <u>400</u> \$ <u>0</u> \$ <u>400</u>
When was the debt incurred? <u>06/2017</u>		
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed NON Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

April Irene Clark

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.10	<p><u>Capital One</u> Nonpriority Creditor's Name <u>P.O. Box 30285</u> Number Street <u>Salt Lake City UT 84130</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			Last 4 digits of account number <u>7910</u> When was the debt incurred? <u>08/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
4.11	<p><u>Synchrony Bank/Care Credit</u> Nonpriority Creditor's Name <u>P.O. Box 965036</u> Number Street <u>Orlando FL 32896</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			Last 4 digits of account number <u>2560</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
4.12	<p><u>Tidewater Finance CO</u> Nonpriority Creditor's Name <u>6720 Indian River Road</u> Number Street <u>Virginia Beach VA 23464</u> City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			Last 4 digits of account number <u>8009</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.13 Verizon Wireless
 Nonpriority Creditor's Name
P.O. Box 650051
 Number Street
Dallas TX 75265
 City State ZIP Code

Total claim

\$ 1000.

Last 4 digits of account number 9266

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Cell phone Bill

4.14 AT&T Mobility
 Nonpriority Creditor's Name
P.O. Box 537104
 Number Street
Atlanta, GA 30353
 City State ZIP Code

\$ 400.

Last 4 digits of account number 9266When was the debt incurred? 08/2016

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Cell phone Bill

4.15 Direct TV LLC
 Nonpriority Creditor's Name
2230 E. Imperial Hwy
 Number Street
El Segundo CA 90245
 City State ZIP Code

\$ 375

Last 4 digits of account number 9124When was the debt incurred? 08/2016

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Cable Bill

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.16 Reliant

Nonpriority Creditor's Name

P.O. Box 3765

Number Street

Houston TX 77253

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0431

Total claim

\$ 204.43

4.17 National Medical Professionals

Nonpriority Creditor's Name

P.O. Box 842757

Number Street

Dallas TX 75284-

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

2313

\$ 377

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Bill

4.18 Direct Loans

Nonpriority Creditor's Name

P.O. Box 9003

Number Street

Niagara Falls NY 14302

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

6002

\$ 8500

When was the debt incurred?

12/2008

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

April Cheenie Clark

First Name Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. [28 U.S.C. § 159.]
 Add the amounts for each type of unsecured claim.

Total claims
from Part 1

6a. Domestic support obligations

Total claim6a. \$ 06b. Taxes and certain other debts you owe the
government6b. \$ 06c. Claims for death or personal injury while you were
intoxicated6c. \$ 06d. Other. Add all other priority unsecured claims.
Write that amount here.6d. + \$ 0

6e. Total. Add lines 6a through 6d.

6e. 0
\$ 0Total claims
from Part 2

6f. Student loans

Total claim6f. \$ 85,0006g. Obligations arising out of a separation agreement
or divorce that you did not report as priority
claims6g. \$ 06h. Debts to pension or profit-sharing plans, and other
similar debts6h. \$ 06i. Other. Add all other nonpriority unsecured claims.
Write that amount here.6i. + \$ 70,741.43

6j. Total. Add lines 6f through 6i.

6j. 155,741.43
\$ 155,741.43

Fill in this information to identify your case:

Debtor First Name	Middle Name	Last Name
<i>April Chemie Clark</i>		
Debtor 2 (Spouse if filing) First Name	Middle Name	Last Name
<i>Southern</i>		
United States Bankruptcy Court for the:		District of
<i>Southern</i>		<i>Texas</i>
Case number (if known)		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for			
2.1						
	Name					
	Number Street					
	City State ZIP Code					
2.2						
	Name					
	Number Street					
	City State ZIP Code					
2.3						
	Name					
	Number Street					
	City State ZIP Code					
2.4						
	Name					
	Number Street					
	City State ZIP Code					
2.5						
	Name					
	Number Street					
	City State ZIP Code					

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>Texas</u>
Case number (if known)		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

 Employed Not employed Employed Not employed

Occupation

LOSS Mitigation

Employer's name

Shell point Mfg SIC

Employer's address

P.O. BOX 10826

Number Street

Number Street

Greenville Sc 29603

City State ZIP Code

City State ZIP Code

How long employed there?

1 wk**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

 For Debtor 1 For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2970.00

\$ _____

3. Estimate and list monthly overtime pay.

+ \$ 0

+ \$ _____

4. Calculate gross income. Add line 2 + line 3.

\$ 2970.00

\$ _____

Debtor 1

April Cherie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

Copy line 4 here.....	→ 4.	For Debtor 1 \$ 2970.00	For Debtor 2 or non-filing spouse \$ _____
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 0	\$ _____
5b. Mandatory contributions for retirement plans	5b.	\$ 0	\$ _____
5c. Voluntary contributions for retirement plans	5c.	\$ 0	\$ _____
5d. Required repayments of retirement fund loans	5d.	\$ 0	\$ _____
5e. Insurance	5e.	\$ 0	\$ _____
5f. Domestic support obligations	5f.	\$ 0	\$ _____
5g. Union dues	5g.	\$ 0	\$ _____
5h. Other deductions. Specify: <i>Projected deductions</i>	5h.	+ \$ 760	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 0			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2970.00			
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a.	\$ 0	\$ _____
8b. Interest and dividends	8b.	\$ 0	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c.	\$ 0	\$ _____
8d. Unemployment compensation	8d.	\$ 0	\$ _____
8e. Social Security	8e.	\$ 0	\$ _____
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f.	\$ 0	\$ _____
8g. Pension or retirement income	8g.	\$ 0	\$ _____
8h. Other monthly income. Specify: _____	8h.	+ \$ 0	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ 0			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			
<i>2970.00</i> + <i>\$ 0</i> = <i>\$ 2970.00</i>			
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies			
11. + \$ 0 = <i>\$ 2970.00</i>			
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			
Combined monthly income <i>\$ 2970.00</i>			

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>TEXAS</u>
Case number (If known)		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Kristen Jordan

Dependent's age

16

Does dependent live with you?

No
 Yes

No
 Yes

No
 Yes

No
 Yes

No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

\$ 1150

4.

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ _____

4b. \$ 12 .

4c. \$ _____

4d. \$ _____

Debtor 1

April chemie Clark

First Name

Middle Name

Last Name

Case number (if known)

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ _____

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 80.

6b. Water, sewer, garbage collection

6b. \$ 65

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 90

6d. Other. Specify: _____

6d. \$ 0

7. Food and housekeeping supplies

7. \$ 350

8. Childcare and children's education costs

8. \$ 0

9. Clothing, laundry, and dry cleaning

9. \$ 0

10. Personal care products and services

10. \$ 180

11. Medical and dental expenses

11. \$ _____

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ 0

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 8

14. Charitable contributions and religious donations

14. \$ _____

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ 30.

15a. Life insurance

15b. \$ 374

15b. Health insurance

15c. \$ 300

15c. Vehicle insurance

15d. \$ 0

15d. Other insurance. Specify: _____

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16. \$ 0

Specify: _____

17. Installment or lease payments:

17a. \$ 0

17a. Car payments for Vehicle 1

17b. \$ 0

17b. Car payments for Vehicle 2

17c. \$ 0

17c. Other. Specify: _____

17d. \$ 0

17d. Other. Specify: _____

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0

19. Other payments you make to support others who do not live with you.

19. \$ 0

Specify: _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. \$ 0

20a. Mortgages on other property

20b. \$ 0

20b. Real estate taxes

20c. \$ 0

20c. Property, homeowner's, or renter's insurance

20d. \$ 0

20d. Maintenance, repair, and upkeep expenses

20e. \$ 0

20e. Homeowner's association or condominium dues

Debtor 1

April Chemie Clark

First Name

Middle Name

Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 0

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.

\$ 255

22b.

\$ 0

22c.

\$ 255

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a.

\$ 2970

23b. Copy your monthly expenses from line 22c above.

23b.

-\$ 255

23c. Subtract your monthly expenses from your monthly income.

23c.

\$ 419

The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here:

Haven't received pay; projected > just started

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
<i>April cherrie Clark</i>		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <i>Southern</i> District of <i>Texas</i>		
Case number (If known)		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x April Ca
Signature of Debtor 1

Date *11/21/18*
MM / DD / YYYY

x
Signature of Debtor 2

Date _____
MM / DD / YYYY